



# The Fitness Connection

The Newsletter of the Governor's Council on Physical Fitness

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## Electrically Stimulated Abs



Advertisements for electrical muscles stimulators (EMS) are everywhere on T.V., especially belts that promise rock-hard abdominals by doing nothing more than turning on a switch. Do these devices really work, or are they just another gimmick? Makers of these devices such as AB Energizer, Fast Abs, and Ab Tronic

say they do work and that their claims are based on scientific evidence. Consumers believe it and are snatching them up by the millions. Almost 2 million Ab Energizers (suggested retail value of \$59.95) have been sold since they went on the market last October.

Exactly what are EMS devices and how do they work? They are battery-powered devices that can be worn around the abdominals, thighs, buttocks, or other areas of the body. They deliver electrical impulses that cause a muscle to contract and therefore become bigger and stronger. The amount of gain depends upon how long the AB Energizer is worn and how high the current is set, according to Michael Skyhar, an orthopedic surgeon in San Diego and spokesman for the product. He adds that no one can look like the models on T.V. by using just the device. He says the key is a combination of genetics, a low-fat diet, vigorous exercise, and low body fat.

EMS has long been an effective treatment in physical therapy and is often used in clinical settings to rehabilitate muscles after injury or surgery. Critics are skeptical about their use on the market, however. The Food and Drug Administration (FDA) is particularly concerned: They have sent letters

to 13 companies saying that these are medical devices and therefore should have been tested and approved prior to being placed on the market. The only device currently approved is the Slendertone Flex. The FDA is concerned about "the way the devices are designed, the ways the electrodes are configured, and the labeling of the devices - all of which we think contributes to a safe product or an unsafe product," according to Dan Schultz of the FDA's Office of Device Evaluation. If the companies don't comply with FDA regulations, the agency will take action such as obtaining a court order to stop their distribution or removing them from store warehouse shelves.

Reference:

*Hellmich, N. Ab-erration or ab-solute workout? (2002, March 6). USA Today, p. 6D*



Ab Tronic

[http://www.wonderfulbuys.com/sports\\_and\\_fitness/abtronic.html](http://www.wonderfulbuys.com/sports_and_fitness/abtronic.html)

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## New Skateboarding Guidelines



The use of non-motorized scooters by youngsters has soared in the past two years, and accompanying this increase in use is an increase in the number of injuries. The significant increase in injuries has led the American Academy of Pediatrics to issue guidelines

about the use of scooters by children. The academy is recommending that children under age 10 should not use skateboards, and those under 8 should not use scooters unless supervised by an adult. These guidelines update a 1995 policy that recommends children under age 5 should not use skateboards at all.

According to data from the Consumer Product Safety Commission, the number of emergency room visits related to skateboarding incidents has risen from 40,500 in 2000 to over 84,400 from January 2001 to September 2001. Most of the injuries are fractures and head injuries and involve youth under age 15. According to the new guidelines, young children are more prone to injuries because they tend to overestimate their own skill and strength as well as pedestrian and vehicular traffic. Children also have a higher cen-

ter of gravity than adults that can cause them to land on their heads when they fall, reports Dr. Gary Smith, director of the Center for Injury Research and Policy at the Children's Hospital in Columbus, Ohio and member of the academy that wrote the guidelines.

The guidelines recommend that children wear helmets when riding skateboards or scooters to protect them from head injuries as well as wearing knee and elbow pads. The guidelines also urge communities to build special parks for skateboarding that are most likely to be safer than homemade ramps and jumps.

### Reference:

*Academy Issues Skateboard Guidelines.*

*InteliHealth. Retrieved March 8, 2002 from <http://>*



## Wow! Take a Look at This Council Member:

Josey H. Templeton, Ed.D., currently serves as the chairman of the Governor's Council on Physical Fitness and has held this position since 2000. Dr. Templeton is an Associate Professor of Health and Physical Education at The Citadel and has held that post since 1989. She received her B.S. degree from Mississippi University for Women, her M.S. from the University of Tennessee, an Ed.S. from Mississippi State University, and her Ed.D. from the University of Alabama. She has made numerous presentations in the area of teacher training at the state, regional, and national level. She is also the author of publications in the areas of teacher training, children's sports, and physical activity. In addition to her teaching duties at The Citadel, Dr. Templeton is also the Elementary Assessment director for the SC Physical Education Assessment Project and president-elect of the Southern District of the American Alliance for Health, Physical Education,

Recreation, and Dance (AAHPERD).

Dr. Templeton holds memberships in many organizations that include: AAHPERD, American School Health Association, the Divers Alert Network, the Professional Association of Diving Instructors, Phi Delta Kappa, Kappa Delta Pi, and SCAHPERD to name a few. She has also served on the Board of Directors for the Lowcountry American Red Cross and as the president of SCAHPERD.

Dr. Templeton has accrued many awards conferred by her colleagues. Among them are: Department Exceptional Merit Award, the SCAHPERD Honor Award, the US Diver's Merit Award, and a Faculty Achievement Award from The Citadel. She also received the Lowcountry American Red Cross Volunteer Award for thirty years of volunteer service and the Southern District Honor Award.

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## *Saving lives: Defibrillators Are Necessary at Gyms*

A joint statement issued by the American Heart Association and the American College of Sports Medicine is urging health and fitness centers to be equipped with automated external defibrillators (AEDs) and to train staff to use them. The statement, entitled, "Automated External Defibrillators in Health/Fitness Facilities," offers criteria to health/fitness clubs that: serve at least 2,500 members, offer programs to the elderly or those with medical conditions, or are located in areas where the emergency response time is more than five minutes to install these devices.

AEDs are about the size of large textbooks and usually cost between \$3,000 and \$4,500 with prices expecting to drop as the devices become more popular. AEDs work by electronically analyzing the heart's rhythm and informing a responder whether or not to apply an electrical shock to the heart. Once applied to a victim of cardiac arrest, an electrical shock can return an abnormal heartbeat to a regular rhythm. The devices are virtually infallible, and studies show that even children can use them properly.

According to statement author Gary Balady, M.D., there are many people visiting fitness centers with undiagnosed coronary heart disease. All heart disease can lead to cardiac arrest, and centers need to be prepared in the event of an emergency. According to Balady, "The first few minutes after cardiac arrest are critical to survival." For every minute that defibrillation is not delivered following cardiac arrest, survival rates drop by 7 percent to 10 percent. Reports have shown survival rates as high as 90 percent when defibrillation is accomplished in the first few minutes following cardiac arrest.

The number of Americans visiting fitness facilities has increased steadily in recent years, and so has their age. According to one survey, 30 million people currently visit health and fitness facilities, and 55 percent of those people are over age 35.



While the number of deaths from cardiac problems in fitness centers is not known, a random survey of 65 fitness clubs across Ohio found that 17 percent reported cardiac sudden deaths or heart attacks in a five-year period. Of those reporting cardiac deaths, only 3 percent had AEDs.

The statement is also advising health and fitness centers to have public access to defibrillation (PAD) plans that include written emergency policies. These policies should be reviewed at least every three months, and programs should be coordinated with local emergency response teams.

### *References:*

*Smith, Jim. Health and fitness facilities need defibrillators. IntelliHealth. Retrieved March 8, 2002 from <http://www.intelihealth.com>*

*Maltin, Liza J. Defibrillators at the gym. Medical groups urging fitness clubs to install heart-starting devices. WebMD Medical News. Retrieved March 8, 2002 from <http://my.webmd.com>*



### **South Carolina Governor's Council on Physical Fitness**

*"Promoting health and the well-being of South Carolinians of all ages by increasing the level of physical activity."*

**Chairman**

**Josey H. Templeton Ed.D.**

**Executive Director**

**Eileen Doherty, MS**

**Editor**

**Tracy Jenkins, M.S.**

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*Other members of the Council include:*

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*Get to know another member in the Summer 2002 Newsletter!*



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SCDHEC, Bureau of Chronic Disease  
Prevention and Health Promotion  
Mills/Jarrett Complex, Box 101106  
Columbia, South Carolina 29211